

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Eider Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

February 21, 2008

Louis Kraml, Administrator Bingham Memorial Hospital 98 Poplar Street Blackfoot, ID 83221

RE:

Bingham Memorial Hospital, provider #131325

Dear Mr. Kraml:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at your facility, Bingham Memorial Hospital, on February 12, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

Louis Kraml, Administrator February 21, 2008 Page 2 of 2

After you have completed your Plan of Correction, return the original to this office by **March 5, 2008**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

MARK P. GRIMES Health Facility Surveyor

Facility Fire Safety and Construction Program

MPG/lj

Enclosures

FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - ENTIRE HOSPITAL BUILLE A. BUILDING B. WING 02/12/2008 131325 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 98 POPLAR STREET **BINGHAM MEMORIAL HOSPITAL** BLACKFOOT, ID 83221 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 **INITIAL COMMENTS** K 000 The Hospital consists of two (2) portions both of which are Type II construction. The former "living center" was constructed/completed in 1977 and is single story with a full finished basement. The "main" hospital portion is two story with a full finished basement and was completed in October 1979. There have been numerous small additions and remodels since constructed. The hospital is fully sprinklered per NFPA 13 for light hazard occupancy. Two RECEIVED generator sets provide emergency power through a type 1, Essential Electrical System. A single story long term care facility is attached to, MAR 0 7 2008 but separated by a two (2) hour fire wall. The following deficiencies were cited at the FACILITY STANDARDS above facility during a validation survey conducted on February 12, 2008. The facility was surveyed under the Life Safety Code, 2000 Edition, Existing Health Care Occupancies in accordance with 42 CFR 282.41(b) The fire/life safety survey was conducted by: Mark P. Grimes, Supervisor Facility Fire Safety & Construction **Bureau of Facility Standards** Idaho Department of Health & Welfare K 038 K 038 NFPA 101 LIFE SAFETY CODE STANDARD

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Exit access is arranged so that exits are readily accessible at all times in accordance with section

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

19.2.1

7.1.

DEF CEN	PARTMENT OF HEALTH VITERS FOR MEDICARE	AND HUMAN SERV & MEDICAID SERV	/ICES	***************************************		FORM	02/19/2008 APPROVED 0938-0391	
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131325				B. WING	3	02/12/2008		
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VIKING-

Fire Protection Contractors Since 1930

Pocatello (208) 237-2331

Viking Automatic Sprinkler Company PO Box 147 weriging 10 00 557 Meridian, Idaho 83642

Telephone (208) 888-2762 • Fax (208) 898-5521 ktalv: Public Weds Livense # 11656-AA-4(18) kjohn EFS.C. #605

March 4, 2008

David Fuller Bingham Hospital 98 Poplar Street Blackfoot, ID 83221

RE: Recerds Room

Dear David:

This letter is to inform you that Viking has completed the fire sprinkler work in the Records Room at Bingham Hospital (as of 2/21/08).

Three fire sprinkler heads were relocated away from the plumbing line and three heads were moved towards the wall for proper coverage.

Please call if you have any questions.

Sincerely,

VIKING AUTOMATIC SPRINKLER CO.

Lyle Pinnocit:

Cc: file

Washington Corporation

Oregon Corporation

California Corporation

Idaho Corporation

Seattle . Longview

Fortland . Mediord

Lodi

Maridian • Pocatello

FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 01 - ENTIRE HOSPITAL BUILLE B. WING 131325 02/12/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BINGHAM MEMORIAL HOSPITAL** 98 POPLAR STREET BLACKFOOT, ID 83221 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) B 000 16.03.14 Initial Comments B 000 The Hospital consists of two (2) portions both of which are Type II construction. The former "living center" was constructed/completed in 1977 and is single story with a full finished basement. The "main" hospital portion is two story with a full finished basement and was completed in October 1979. There have been numerous small additions and remodels since constructed. The hospital is fully sprinklered per NFPA 13 for light hazard occupancy. Two generator sets provide emergency power through a type 1, Essential Electrical System, A single story long term care facility is attached to, but separated by a two (2) hour fire wall. The following deficiencies were cited at the above facility during a validation survey conducted on February 12, 2008. The facility was surveyed under IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho The fire/life safety survey was conducted by: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Bureau of Facility Standards Idaho Department of Health & Welfare BB162 16.03.14.510.02 Life Safety Code Requirements BB162 Life Safety Code Requirements. The hospital shall meet such provisions of the "Life Safety Code", 1985 Edition, of the National Fire Protection Association as are applicable to Health Care Occupancies which is incorporated by reference. Any hospital in compliance with either the 1967 Edition of the "Life Safety Code" or the 1981 Edition of the "Life Safety Code" prior to the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Facility Standards

TITLE

3-5-08

(X6) DATE

FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED 02/12/2008	
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Bureau of Facility Standards